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SERIAL NO. MULTIPLE DEPENDENT CLAIM 10/550518 FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED AFTER. 4"AMENDMENT 2 MAMENDMENT (AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. -51 -52 3 53 4 5+ 5 -55-6 56 57 8 -58 -50 10 60-61 12 1 13 -63 14 64 15 -65 16 66 17 -67 18 -68 19 69 20 -70-21 71 22 72 23 73-24 74 25 75 26 76 -27 44 28 78 29 79 30 80 31 61 32 82 -33 -63 34 -84= 35 85 36 86-37 **87** 38 88 19 89 90 41-躲 42 92 43-93 44 **外**

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